## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.  1 ACCOUNT # (Ethics Contribusor French)  2 Total pages filled: 19  3 CANDIDATE / OFFICEHOLDER NAME  ACRANDIDATE / OFFICEHOLDER NAME  4 CANDIDATE / OFFICEHOLDER NAME  ADDRESS IPOBOX APT / BUTTER OTTY GIVER; 2 IPODE  5 CANDIDATE / OFFICEHOLDER NAME OTTY OFFICEHOLDER NAME  5 CANDIDATE / OFFICEHOLDER (P15) 740 -7555  6 CAMPAIGN TREASURER NAME  NOOMARE  7 CAMPAIGN TREASURER ADDRESS (PODE ON REASE); APT SUITER  ADDRESS (POSE OF DUSINESS)  8 CAMPAIGN TREASURER ADDRESS (PODE ON REASE); APT SUITER  3 2 30 MONTANA AVE.  EL HASO, TX 79903  8 CAMPAIGN TREASURER ADDRESS (PODE ON REASE); APT SUITER  3 2 30 MONTANA AVE.  EL HASO, TX 79903  8 CAMPAIGN TREASURER ADDRESS (PODE ON REASE); APT SUITER  3 2 30 MONTANA AVE.  EL HASO, TX 79903  8 CAMPAIGN TREASURER ADDRESS (PODE ON REASE); APT SUITER  3 2 30 MONTANA AVE.  EL HASO, TX 79903  8 CAMPAIGN TREASURER ADDRESS (PODE ON REASE); APT SUITER  3 2 30 MONTANA AVE.  EL HASO, TX 79903  10 PERIOD COVERED  10 PERIOD D SON TO DO TO THE POOR NUMBER  COVERED  10 PERIOD D SON TO DO TO THE POOR NUMBER  D SON THOUGH D SON THE POOR THE PO				
OFFICEHOLDER NAME  ACANDIDATE / OFFICEHOLDER ADDRESS IPDBOX APTISUTER OTY. OFFICEHOLDER MAILING ADDRESS Change of address  Change of address  CAMPAIGN TREASURER NAME  AREA CODE PHONE NUMBER  AREA CODE PHONE NUMBER  CITY. OFFICEHOLDER PHONE NUMBER  EXTENSION Date Processed  TREASURER ADDRESS (residence or business)  STREET ADDRESS (NOPOBOXPEASE): APTISUTER ADDRESS (residence or business)  TREASURER ADDRESS (residence or business)  AREA CODE PHONE NUMBER  OFFICEHOLDER PHONE NUMBER  TREASURER ADDRESS (residence or business)  TREASURER AD REACCODE ARCACODE ARCACODE ARCACODE ARCACOD	The C/OH Instruction		=	2 Total pages filed:
ACANDIDATE / OFFICEHOLDER ADDRESS /POBOX APT/SUITE#; OTM; STATE ZIPCODE	OFFICEHOLDER	MS/MRS(MR) FIRST	T MI	
4 CANDIDATE / OFFICEHOLDER ADDRESS IPOBOX: APT JUTTER; OTTY, STATE; ZIP CODE Date Hand-delivered or Postumented Property of FIGEHOLDER ADDRESS PHONE NUMBER DATE OF FIGEHOLDER (915) 740-7555  6 CANDIDATE / OFFICEHOLDER (915) 740-7555  7 CAMPAIGN TREASURER NAME  7 CAMPAIGN TREASURER ADDRESS (NO POBOX PLEASE); APT JUTTER, SUFFIX SUFFIX SUFFIX SUFFIX TREASURER ADDRESS (residence or business)  8 CAMPAIGN TREASURER PHONE  9 REPORT TYPE  10 January 15	NAME	NICKNAME LAST	SUFFIX	Date Received
MALLING ADDRESS Change of address Change of address CANDIDATE/ OFFICEHOLDER PHONE PHONE  AREA CODE PHONE NUMBER EXTENSION Date Processed CANDIDATE/ OFFICEHOLDER PHONE  AREA CODE PHONE NUMBER EXTENSION Date Invaded PROCESS PHONE NUMBER  AREA CODE PHONE NUMBER EXTENSION Date Invaded PROCESS PHONE Date Invaded PROCESS P		ROMERO		<b>.</b>
CANDIDATE/ OFFICEHOLDER PHONE NUMBER  AREA CODE PHONE NUMBER  BILL BILL BILL BILL BILL BILL BILL BI	OFFICEHOLDER MAILING		·	Date Hand-delivered or Postmarked
OFFICEHOLDER PHONE  OFFICEHOLDER PHONE  OFFICEHOLDER PHONE  OFFICEHOLDER OFFICEHOLDER PHONE  OFFICEHOLDER OFFICHER OFFICEHOLD OFFICEHOLD OFFICEHOLD OFFICEHOLD OFFICEHOLD OFFICHER OFFICEHOLD OFFICHER OFFICEHOLD OFFICEHOLD OFFICHER OFFICEHOLD OFFICHER OFFICEHOLD OFFICHER OFFICEHOLD OFFICHER OFFICEHOLD OFFICHER OFFICEHOLD OFFICHER OFFICHER OFFICHER OFFICHER OFFICHER OFFICHER OFFICHER OFFICEHOLD OFFICHER OFFICH OFFICHER OFFICHER OFFICH OFFICHER OFFICH OFFICHER OFFICHER OFF	change of address	EL PASO, IX	79930	Receipt # Amounts
TREASURER NAME  NICKNAME  NICKNAME  ROMERO  7 CAMPAIGN TREASURER ADDRESS (NOPOBOX PLEASE); APT/SUITE#; CITY: STATE; ZIP CODE  3 2 30 MONTAWA AVE.  EL PASO, TX 79903  8 CAMPAIGN TREASURER PHONE  9 REPORT TYPE  January 15  South day before election  Runoff  Street Address (915)  10 PERIOD COVERED  Morth Day Year  OH O2 2013  THROUGH  13 OFFICE SOLIGHT (Margorn)  13 OFFICE SOLIGHT (Margorn)  14 OFFICE SOLIGHT (Margorn)	OFFICEHOLDER		EXTENSION	Date Processed
ROMERO  7 CAMPAIGN TREASURER ADDRESS (NOPO BOX PLEASE): APT / SUITE #: CITY: STATE; ZIP CODE  3 2 30 MONTAWA AVE: EL PASO, TX 79903  8 CAMPAIGN TREASURER PHONE  AREA CODE (915)  9 REPORT TYPE  January 15  John day before election  Bunoff  Exceeded \$500 Final report (Attach C/OH - FR)  10 PERIOD COVERED  Morth Day Vear OF JOHN Primary  ELECTION DATE Day Vear OS // 1/2013  11 ELECTION  Primary  Runoff  ELECTION TYPE  General Special	TREASURER	HORTENCIA	B.	Date Imaged
TREASURER ADDRESS (residence or business)  8 CAMPAIGN TREASURER PHONE NUMBER EXTENSION  9 REPORT TYPE			55.17	
TREASURER PHONE  (915) 562-3226  9 REPORT TYPE  January 15  John day before election  Runoff  Exceeded \$500  Final report (Attach C/OH - FR)  10 PERIOD  COVERED  Month  Day  Year  OH  O2  2013  THROUGH  Month  Day  Year  O5  11 ELECTION DATE  Month  Day  Year  O5  11 Primary  Runoff  Special  13 OFFICE SOLIGHT (ff known)	TREASURER ADDRESS	3230 MONTANA	A	ZIP CODE
January 15  January 15  John day before election  Runoff  Total report (Attach C/OH - FR)  Sth day before election  Exceeded \$500  Final report (Attach C/OH - FR)  Month  Day  Year  OH  O2  2013  THROUGH  Month  Day  Year  O5  11  ELECTION TYPE  Primary  Runoff  Runoff  Final report (Attach C/OH - FR)  Final report (Attach C/OH - FR)  Final report (Attach C/OH - FR)  Special  12 OFFICE  OFFICE HELD (If any)  13 OFFICE SOUGHT (If known)	TREASURER	ا ما	EXTENSION	
July 15  8th day before election  Exceeded \$500  Imit  10 PERIOD  COVERED  Month  Day  Year  OH  O2  2013  THROUGH  THROUGH  Month  Day  Year  O5  11 Primary  Primary  Runoff  Through  Through	9 REPORT TYPE	January 15 30th day before election	Runoff	treasurer appointment
11 ELECTION    OFFICE   OFFICE   OFFICE   OFFICE   COVERED		July 15 8th day before election		
Month Day Year Primary Runoff General Special  12 OFFICE OFFICE HELD (if any)  13 OFFICE SOLIGHT (if known)			0.5 / 0.1 /	/201 <i>3</i>
12 OFFICE OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)  CITY REPRESENTATIVE  DISTRICT 2	11 ELECTION	Month Day Year Primary	Runoff	General Special
DISTRICT L	12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	RESENTATIVE
			Dist	RICT L
GO TO PAGE 2		GO TO PAG	GE 2	

# CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH SUPPORT & TOTALS CITY CLERK DEPCOVER SHEET PG 2

		7013 8PR 21 PH 3:1	13
14 C/OH NAME	ARRY E		CCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY HOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY I	'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,07500
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 12,046,84
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 16,817,85
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$
18 AFFIDAVIT			
	DE JAZMIN BEJAR NOTARY PUBLIC and for the State of To My commission expir ( 06-15-2015	exàs D C D	mation required to be reported by
AFFIX NOTARY STAM	P / SEAL ABOVE	1	$\cap$
Sworn to and subs	1/01	me, by the said	and and seal of office.
		Alide Jaznin Bejarano	Notary Public
Si <del>gnature of officer admi</del>	nistering oath		Title of officer administering oath

CITY CLERK DEPT.

SCHEDULE A

OTHE	R THAN PLEDGES OR LC	2013 APR	31 PH 3:03	SCHEDULE A
Т	he Instruction Guide explains how to complete	this form.	1 Total pages Sch	edule A:
2 FILER NAM	LARRY E. KOMERC	)_ :	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC(		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/2/13	6 Contributor address; City; State; Zip		\$1000	
9 Principal occ	cupation / Job title (See Instructions)	10 Employer (See		f Texas, complete Schedule T)
Date	Full name of contributor Out-of-state PAC (II	D#	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/2/13	Contributor address; City; State; Zip Co	A	#//yoo	
	712 YORKSHIRE EL PASO, TX	79922	,,,,,	Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/2/13	Contributor address; City; State; Zip Coo	ANE	#10000	
Principal occu	pation / Job title (See Instructions)	9922		exas, complete Schedule T)
		Employer (See I	instructions)	
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/2/13	Contributor address; City; State; Zip Code	ELLO	#10000	
Principal occur	EL PASO, TX 790 pation / Job title (See Instructions)	P12 Employer (See In	(If travel outside of Te	xas, complete Schedule T)
		Employer (See II	istructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$) d	In-kind contribution escription (if applicable)
1/2/13	Contributor address; City; State; Zip Code	00	\$1000	
Principal occupa	ation / Job title (See Instructions)	9912 Employer (See In:		as, complete Schedule T)
		, , , , , , , , , , , , , , , , , , , ,	··-· <del>-</del> /	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### POLITICAL CONTRIBUTIONS

OTHER THAN PLE	NGES OR LOAMS	CITY CLERK DEP	T. SCHEDULE A
Dam Area	BOLO ON LOANS	2013 APR 31 PM 3: (	3
The Instruction Guide ex	plains how to complete this for	m. 1 Total pages 8	Schedule A:
2 FILER NAME LARRY	E. ROMERO	3 ACCOUNT#	(Ethics Commission Filers)
4 Date 5 Full name of contri	butor Out-of-state PAC (ID#	7 Amount of contribution (S)	8 In-kind contribution description (if applicable)
4/2/13 6 Contributor address 708	DOVER CT.	\$//)09	
9 Principal occupation / Job title (See Ins	50, 1X 7992:	(1. 2.2.0.000	I e of Texas, complete Schedule T)
9 Principal occupation / Job title (See Ins	iructions) 10 E	Employer (See Instructions)	
Date Full name of contrib	GROOVER	Amount of contribution (S)	In-kind contribution description (if applicable)
4/2//3   Contributor address 6540	LOMA DE CRISTO	DR. \$10000	
Principal occupation / Job title (See Inst	), 1 19912 ructions) Er	(If travel outside on ployer (See Instructions)	l of Texas, complete Schedule T)
Date Full name of contribu	tor out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/2/13 Contributor address;	JOHNS City; State; Zip Code PICO NORTE	# 10000	description (il applicable)
EL PAG	to, TX 7993	(If travel outside o	f Texas, complete Schedule T)
Principal occupation / Job title (See Instru	Jetions) Em	ployer (See Instructions)	
Date Full name of contribute.	ROGERS JR.	) Amount of contribution (\$)	In-kind contribution description (if applicable)
7/2/13   Contributor address; 5035	City; State; Zip Code MEADOWLARK	\$ 10000	
Principal occupation / Job title (See Instru	5) 1	(If travel outside of loyer (See Instructions)	Texas, complete Schedule T)
Date Full name of contributo	Out-of-state PAC (ID#	Amount of contribution (S)	In-kind contribution description (if applicable)
Contributor address;	City; State; Zip Code  CRISTO REY	\$3000	
Principal occupation / Job title (See Instruction)	1 X 79922	(If travel outside of Te	exas, complete Schedule T)
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	ITICAL CONTRIBUTIONS ER THAN PLEDGES OR LOANS	CITY CLE	RK DEPT.	SCHEDULE <b>A</b>
		2013 APR 31	PH 3: 03	·
	The Instruction Guide explains how to complete this form.	1	Total pages Sci	hedule A:
2 FILER N	, , , , , , , , , , , , , , , , , , ,	3	ACCOUNT # (E	Ethics Commission Filers)
	LARRY E, NOMERO			
4 Date	5 Full name of contributor out-of-state PAC (ID#:		Amount of ntribution (S)	8 In-kind contribution
	ROBERT HOY JR.		nuloution (S)	description (if applicable
4 3  3	6 Contributor address; City; State; Zip Code 201 VILLA SERENA CT.	#	5000	
•		$ \Psi\rangle$	2000	
-	LEL PASO, TX 79922		 If travel outside c:	of Texas, complete Schedule T)
9 Principal o	ccupation / Job title (See Instructions) 10 Em	nployer (See Instru		, , , , , , , , , , , , , , , , , , , ,
Date			·	
Date	Full name of contributor out-of-state PAC (ID#;		Amount of   tribution (S)	In-kind contribution description (if applicable)
11/2/0	Contributor abdress: City: State: Zin Code			. , , , , , , , , , , , , , , , , , , ,
4/3/13	Contributor address; City; State; Zip Code  328 CRIMSON CLOUD LN.	# 7	25000	
<i>i</i> '	1	, Y 2		
Dringing! ag	EL PASO, TX 79912 cupation / Job title (See Instructions) Emp	(If	travel outside of	Texas, complete Schedule T)
1 morpar oc	Emp	oloyer (See Instruc	tions)	
Date	Full name of contributor   out-of-state PAC (ID#:		mount of	In-kind contribution
1.1	J.W. ROGERS JR.	contr	ribution (\$)	description (if applicable)
4/4/13	Contributor address; City; State; Zip Code	#1	1 2000	
4 1	1600 DEDE LANE	7,	000-	
	LL HASO, TX 799	(If i	ravel outside of T	exas, complete Schedule T)
Principal occ	upation / Job title (See Instructions) Empl	oyer (See Instructi		,,
Data	Full name of contributor   out-of-state PAC (ID#			·
Date	Full name of contributor   out-of-state PAC (ID#		nount of bution (\$) c	In-kind contribution description (if applicable)
1/0/12	Contributor address; City; State; Zip Code		<u> </u>	
7/4/13	300 CORAL SKY LANE	#2	5000	
	EL PASO. TX 79912		i	
Principal occu	mation / John title /One Justice /	(If tra		xas, complete Schedule T)
	,	yor (ooc manacho		
Date	Full name of contributor		ount of	In-kind contribution
1. 1.	GILBERT GUILLEN	contrib	ution (\$) de	escription (if applicable)
15 13	Contributor address: City; State; Zip Code	MIT	700	
<i>i I</i>	404 S. DURANGO ST.	* JC	J- !	
. =	EL HASO, TX 79901	(If trav	vel outside of Texa	es, complete Schedule T)
Principal occup	ation / Job title (See Instructions) Employ	er (See Instruction		
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2013 APR 31 PM 3: 03

SCHEDULF A

OTHE	ER THAN PLEDGES OR LO	JANS 2007		, 33,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	The Instruction Guide explains how to comple	te this form.	1 Total pages So	chedule A:
2 FILER NA	LARRY E. ROMERO	è	3 ACCOUNT# (	Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PACE RONALD WALLACE.	· (ID#:	7 Amount of contribution (S)	8 In-kind contribution description (if applicable
4/15/13	P. O. Box 22179	7 7	#30000	 
Principal occ	cupation / Job title (See Instructions)	10 Employer (Sa		of Texas, complete Schedule T)
Date	Full name of contributor	(ID#:	Amount of contribution (S)	In-kind contribution description (if applicable)
4/16/13	Contributor address; City; State; Zip C		#1/1/00	description (ii applicable)
/ (	EL PASO, TX 7	9936	(If travel outside of	Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (Sea	! Instructions)	
Date	Full name of contributor	JR.	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/16/13	4121 LA ADELITA	7990 7	\$5000	
Principal occup	pation / Job title (See Instructions)	Employer (See	(If travel outside of Instructions)	Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution
16/13	FRANCES AND LEO J Contributor address; City; State; Zip Cod 721 NELECLEU	)URAN Pd.	#10000	description (if applicable)
	EL PASO. TX	79902	(la bassa)	
Principal occupa	ation / Job title (See Instructions)	Employer (See I	nstructions)	xas, complete Schedule T)
Date .	Full name of contributor Out-of-state PAC (ID#_CARLOS AGUILERA		Amount of contribution (\$)	In-kind contribution escription (if applicable)
16/13	Contributor address; City; State; Zip Coge  BIO9 FILLMORE A	VE.	# 5000	
rincipal occupa	tion / Job title (See Instructions)	14 50 Employer (See 12		zs, complete Schedule T)
	· · · · · · · · · · · · · · · · · · ·	Employer (See In	SUUCTIONS)	

POLITICAL CO	NTRIBUTI	ONS
OTHER THAN F	PLEDGES	OR LOANS

CITY CLERK DEPT. SCHEDULE A

OTTLE THAN PLEDGES OR LO		NPR 31 PM 3:	03
The Instruction Guide explains how to complet	e this form.	1 Total pages So	chedule A:
2 FILER NAME LARRY E. ROMERO	)	3 ACCOUNT#(	Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC	(ID#)	7 Amount of contribution (S)	8 In-kind contribution description (if applicable)
4/18/13 6 Contributor address; City; State; Zip C	DR.	\$2500	
9 Principal occupation / Job title (See Instructions)	19963		of Texas, complete Schedule T)
	10 Employer (See	Instructions)	
Date Full name of contributor U out-of-state PAC (I	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
GEORGE //UNOZ	· · · · · · · · · · · · · · · ·	Continuation (a)	description (if applicable)
4/8/13. Contributor address; City; State; Zip Co		\$5000	
EL PASO, TX 7	9912	(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date Full name of contributor out-of-state PAC (ID	)#:)	Amount of	In-kind contribution
4/18/13 EDUARDO SOTO Contributor address; City; State; Zip Coo S15 S. KANSAS ST.	de	contribution (\$)	description (if applicable)
EL PASO, TX 79	1901		Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Ins	structions)	
Date Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/19/13 IEXAS ASSOCIATION OF KE contributor address; City; State; Zip Code 1115 SAN JACINTO BLV	D. STE. 200 \$	#1,000°	
AUSTIN, TX 7870	,		
Principal occupation / Job title (See Instructions)	Employer (See Inst	(if travel outside of la tructions)	exas, complete Schedule T)
Date Full name of contributor out-of-state PAC (ID#_	)	Amount of ontribution (\$)	In-kind contribution lescription (if applicable)
19/3 Contributor address; City; State; Zip Code BOLTON PL.	\$	10000	
	03	(If travel outside of Tex	as, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instr		
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Austin, lexas 78711-2070	(512) 463-5800 (T	DD 1-800-735-2
OTTER TIME PLEDGES OR LOANS		CHEDULE A
2013 APR 3	31 PM 3: 04	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:	9
2 FILER NAME LARRY E. ROMERO	3. ACCOUNT # (Ethics Comm	nission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:		ind contribution
H/19/13 6 Contributor address; City; State; Zip Code 1500 ELM ST.	#2500	tion (if applicable
FI PASO TV 79930		
9 Principal occupation / Job title (See Instructions) 10 Employer (See	(If travel outside of Texas, cor Instructions)	nplete Schedule T)
Date  Full name of contributor  Out-of-state PAC (ID#)  REFUGIO PARTIDA  Contributor address; City: State: Zip Code	Amount of In-kir contribution (S) descripti	nd contribution ion (if applicable)
4/19/13 Contributor address; City; State; Zip Code  330 NASHVILLE	\$300°°	
EL PASO, 1X 79730	(If travel outside of Texas, comp	olete Schedula To
Principal occupation / Job title (See Instructions)  Employer (See In		
Date Full name of contributor out-of-state PAC (ID#)  CREG AND SUSAN DAW	Amount of In-kind contribution (\$) description	d contribution on (if applicable)
Contributor address; City; State: Zip Code	\$100°C	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	(If travel outside of Texas, compl	ete Schedule T)
	structions)	
Date Full name of contributor out-of-state PAC (ID#)	Amount of In-kind contribution (\$) description	contribution (if applicable)
1/19/13 Contributor address; City; State; Zip Code 425 DESERT CARDEN DR.	# 100°	
SANTA TERESA NM 88008	(If travel outside of Texas, comple	te Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tructions)	
Date Full name of contributor out-of-state PAC (ID#	1.11	ontribution (if applicable)
19/13 Contributor address; City; State; Zip Code 4800 N, STANTON #155	10000	
EL PASO, TX 79902	(If travel outside of Texas, complete	Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	uctions)	
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CITY CLERK DEPT.

SCHEDULE A

OTTEN THAN PEEL	IGES OR LOANS	013 APR 31 PH 3: 04
The Instruction Guide exp	lains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME LARRY E,	ROMERO	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contrib	RE7	7 Amount of 8 In-kind contribution contribution (S) description (if applicable)
4/22/13 6 Contributor address;	City; State; Zip Code AMES GRANT	\$5000
9 Principal occupation / Job title (See Instr	79936	(If travel outside of Texas, complete Schedule T)
7 Thricipal occupation 7 300 title (See Insti	10 Employer	(See Instructions)
Date Full name of contribut	RUSSELL	Amount of In-kind contribution contribution (S) description (if applicable)
4/22/13   Contributor address; 2500 Sce	City; State; Zip Code NIC CREST #9	\$5000
Principal occupation / Job title (See Instru	79930 (ctions) Employer	(If travel outside of Texas, complete Schedule T) (See Instructions)
		(See Instructions)
Date Full name of contributo  Full name of contributo  Contributor address;  200 BAR	SONNY BROWN  City; State, Zip Code  TLETT DR. STE. 105	Amount of contribution (\$) In-kind contribution description (if applicable)
Principal occupation / Job title (See Instruc	TX 79912 otions) Employer (S	(If travel outside of Texas, complete Schedule T) See Instructions)
Date Full name of contributor	out-of-state PAC (ID#	
JACK BAL	LLESTEROS	contribution (\$) description (if applicable)
Contributor address;	HWN AVE,	#250°°
Principal occupation / Job title (See Instruct	/	(If travel outside of Texas, complete Schedule T)
Pate Full name of contributor  PATRICIA Contributor address;	OLLAND - BRANCH  City; State: Zip Code	_) Amount of In-kind contribution contribution (\$) description (if applicable)
	IMBLEDON WAY  TV 79937	\$250°°
Principal occupation / Job title (See Instruction	ons) Employer (See	(If travel outside of Texas, complete Schedule T) a Instructions)
ATTACHAD	DITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED

if contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

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SCHEDULE A

OTTL	C THAIR I ELDGES OR LOP	2013 AF	R31 PH 3:0	<del>i</del>
The	e Instruction Guide explains how to complete the	his form.	1 Total pages Sci	nedule A: 9
2 FILER NAME	LARRY E. ROMERO		3 ACCOUNT # (E	thics Commission Filers)
4 Date	Full name of contributor out-of-state PAC (ID#)  FLORA AND GUS SAMP	BRANO	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/29/13	6 Contributor address; City; State; Zip Code 1500 ELM ST,	e	\$5000	
O. Dringing Language	H PASO, TX 7993			f Texas, complete Schedule T)
9 Philopal occup	eation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor   out-of-state PAC (ID#_ BENEDICTO ES PAR 2A		Amount of contribution (S)	In-kind contribution description (if applicable)
4/30/13	Contributor address; City; State; Zip Code 833, HUCKLEBERRY		#25°	
Principal occupa	LL PASO, TX 7990 ation / Job title (See Instructions)	)3 Employer (See I	(If travel outside of nstructions)	Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
5/01/13	LORENZO LAFARELLE Contributor address; City; State; Zip Code SPRING WOOD	TIK:	# 2500	description (if applicable)
Principal occupat	EL PASO, TX 79925 ion / Job title (See Instructions)	Employer (See In		exas, complete Schedule T)
Date	Full name of contributor   out-of-state PAC (ID#:		Amount of	In-kind contribution
-/61/13	Contributor address; City; State; Zip Code	109		lescription (if applicable)
	7400 VISCOUNT BLVD. SI EL PASO, TX 799	inte 109   1 125		as, complete Schedule T)
Principal occupation	on / Job title (See Instructions)	Employer (See Ins		as, complete schedule 1)
Date	Full name of contributor   out-of-state PAC (ID#		Amount of contribution (\$) , de	In-kind contribution
1/03/13	CARY HOFF Contributor address: City; State; Zip Code 1310 EXAS		(3)	# 75 00
Principal occupation	ELPASO, TX 7990	1	(If travel outside of Texa	DD FOR WORKERS s, complete Schedule T)
meipar occupation	n / Job title (See Instructions)	Employer (See Instr	ructions)	
			,	

P.O. Box 12070

CITY CLERK DEPT.

SCHEDULE A

			APR 31 PH 3:	04
•	The Instruction Guide explains how to complete	e this form.	1 Total pages S	Schedule A:
2 FILER NA	ME LARRY E. ROMERO		3 ACCOUNT#	(Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(  LEO + FRANCES DU  6 Contributor address; City; State; Zip C  72   WELLESLEY DR  FL PASO TV 79	RAN	7 Amount of contribution (\$)	#2000 FOOD FOR
Principal oc	cupation / Job title (See Instructions)	10 Employer (Se	(If travel outside	of Texas, complete Schedule T
Date 4/17/13	Full name of contributor   out-of-state PAC (III  ZEO RGE (IS NERO), Contributor address; City; State; Zip Co	S	Amount of contribution (S)	In-kind contribution description (if applicable)    # /5000   FOOD FOR   FUNDRAISER of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See	Instructions)	- Torac, complete correctile 1)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	l .		(If travel outside of	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Principal occu	pation / Job title (See Instructions)  Full name of contributor	Employer (See	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Full name of contributor	Employer (See	Amount of contribution (\$)	In-kind contribution description (if applicable)  Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip Code		Amount of contribution (\$)  (If travel outside of estructions)	description (if applicable)

P.O. Box 12070

PLEDGED CONTRIBUTIONS	CITY CL	ERK DEPT.	SCHEDULE B
	2013 APR 3	1 PH 3: 04	
The Instruction Guide explains how to complete this f	orm.	1 Total pages Sched	dule B:
2 FILER NAME		3 ACCOUNT # (Eth	ics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES:	<del></del>	$\Rightarrow$ $\Rightarrow$	\$
5 Date 6 Full name of pledgor out-of-state PAC (ID#:	)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code		(If trevel outside of	Texas, complete Schedule T)
10 Principal occupation / Job title (See Instructions)	1 Employer (See In		
Date  Full name of pledgor  out-of-state PAC (ID#:  Pledgor address;  City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
		<i></i>	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In	nstructions)	
Date  Full name of pledgor out of-state PAC (ID#:  Pledgor address; City; State; Zip Code	/	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date  Full name of pledgor out of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
			Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (If applicable)
		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I	nstructions)	
ATTACH ADDITIONAL COPIES OF			equirements.

LOANS				SCHEDULE E
		2013 APR 3 1 PM	<del></del>	
The	Instruction Guide explains how to comp	lete this form.	1 Total pag	ges Schedule E:
2 FILER NAME			3 ACCOU	NT # (Ethics Commission Filers)
4 TOT/	AL OF UNITEMIZED LOANS:	\$ \$ \$ \$ \$	⇔	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
Y N				11 Maturity date
12 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Co	llateral	15 Check if personal funds were	e deposited	into political account
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable  18 Guarantor address; State; Zip Code				
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	out of-state PAC (ID#:	)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Y N			-	Maturity date
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)		
Description of Col	lateral	Check if personal funds were	deposited	into political account
none				
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupa	tion (See Instructions)	Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.				

### **POLITICAL EXPENDITURES**

P.O. Box 12070

CITY CLERK DEPT.

SCHEDULE F

		מ את במת הומ	#1 i
	EXPENDITURE CATEGOI	RIES FOR BOX 8(a)	: U'1
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wa Legal Services Solicitation// Food/Beverage Expense Travel In Di Polling Expense Travel Out	ges/Contract Labor Loan Rep Fundraising Expense Transport istrict Contribut Of District Candi head/Rental Expense OTHER (	payment/Reimbursement tation Equipment & Related Expense iions/Donations Made By date/Officeholder/Political Committee (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME / ARRIA F		ACCOUNT # (Ethics Commission Filers)
4 Date /	5 Payee name	JIIIC/W	
4/09/13	THE FORMA GA	20UP	
6 Amount (\$)* \$8,349.84	7 Payee address; City; State; Zip Co. 301 E, SAN ANTON: EL PASO, TX	io, Suite B20 9901	1
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule	(b) Description (If travel out	tside of Texas, complete Schedule T)
EXPENDITURE	CONSULTING EXPENSE	CONSULTING +	MAIL OUT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
Date   8   13	Payee name DAVE'S PENNAN	ITS & BANNER	.5
Amount (\$) \$ 884,94	Payee address: City; State; Zip Co 9911 CARNEGIE EL PASO, TX	79925	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule  ADVERTISING EXPENSE	Description (If travel out	side of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 4/23/13	Payee name DAVE'S PENNANT	3 & BANNERS	7
# 460.06	Payee address; City; State; Zip Coo 9911 CARNEGIE EL PASO, TX	19925	
PURPOSE OF	Category (See categories listed at the top of this schedule	Description (If travel out	tside of Texas, complete Schedule T)
EXPENDITURE	ADVERTISING EXPENSE	SIGNS	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
$\frac{Date}{4/26/3}$	Payee name ELDIARIO		
Amount (\$) \$2,352.00	Payee address; City; State; Zip Cor 1801 TEXAS EL PASO, TX	79901	
PURPOSE	Category (See categories listed at the top of this schedule	Description (If travel out	tside of Texas, complete Schedule T)
OF EXPENDITURE	ADVERTISING EXPENSE	NEWS PAPER:	ADS
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDER	)

#### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

CITY CLERK DEPT.

SCHEDULE G

2013 APR 3 | PM 3: 04

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule G:	2 FILER NAME  3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  (b) Description (If travel outside of Texas, complete Schedule T)		
Date	Payee name		
Amount (\$)	Payee address City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)		
Date	Payee name		
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	·		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 7013 APR 31 PN 3: 04

P.O. Box 12070

2013 APR 31 PH 3: 04

	EXPENDITURE C	ATEGORIES FOR BOX 8(a	a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense S Legal Services S Food/Beverage Expense T Polling Expense T	alaries/Wages/Contract Labor olicitation/Fundraising Expense ravel In District ravel Out Of District office Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expe Contributions/Donations Made By Candidate/Officeholder/Political Comm OTHER (enter a category not listed abov	nittee
	The Instruction Guide ex	xplains how to complete this fo	orm.	
1 Total pages Schedule H:	2 FILER NAME		3 ACCOUNT # (Ethics Commission	Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address; City; State	; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of	this schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office soug	ght Office held	
Date	Business name			
Amount (\$)	Business address; City; State;	Zip Gode		
PURPOSE OF EXPENDITURE	Category See categories listed at the top of	this schedule) Description	n (If travel outside of Texas, complete Schedule T)	•
Complete ONLY if direct expenditure to benefit C/O	Candidate / Office older name	Office soug	ght Office held	
Date	Business name			
Amount (\$)	Business address; City; State	Zip Code	• .	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule) Description	n (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office soug	ght Office held	
Date	Business name			•
Amount (\$)	Business address; City; State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule) Description	n (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office soug	ght Office held	
	ATTACH ADDITIONAL COR	PIES OF THIS SCHEDULE AS	SNEEDED	

#### CITY CLERK DEPT. NON-POLITICAL EXPENDITURES

### MADE FROM POLITICAL CONTRIBUTIONS 2013 APR 31 PM 3: OLSCHEDULE I

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Legal Services Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee **Event Expense** Polling Expense Travel Out Of District Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule I: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) City; State; 7 Pavee address: Zip Code (a) Category (See categories listed at the top of this schedule) (b) Description (See instructions regarding type, finformation required.) **PURPOSE** OF **EXPENDITURE** Date Pavee name Amount (\$) State; Payee address; Ż∕p Code Category See categories isted at the top of this schedule) Description (See instructions regarding type of information required.) PURPOSE OF **EXPENDITURE** Payee name Date Amount (\$) ee address; City; State; Z/p Code Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.) **PURPOSE** OF **EXPENDITURE** Payee name Date City; State; Zip Code Amount (\$) Payee address; Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.) **PURPOSE** OF **EXPENDITURE**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission

# INTEREST EARNED, OTHER CREDITS/GAINS/(31 PH 3: 04 SCHEDULE K

T	he Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
FILER NAM	AE .	3 ACCOUNT # (Ethics Commission Filers)
· Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Z	CCode
	7 Purpose for which amount is received	
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zir	Amount (\$)
	Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount
	Address of person from whom amount is received; City; State; Zig	(\$)
	Purpose for which amount is received	<u>'</u>
Date	Name of person from whom amount is received	Amount (\$)
•	Address of person from whom amount is received; City; State; Zi	
	Purpose for which amount is received	

IN-KIND CO FOR TRAVE	NTRIBUTION OR POLITICAL EXPENDEL OUTSIDE OF TEXAS	MTURERK DEPT SCHEDULE T
The Instru	uction Guide explains how to complete this form.	1 Total pages Schedule T:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee	
5 Contribution / Expend	iture reported on:	
Sch	nedule A Schedule B Schedule C Schedule	D Schedule F Schedule G
Sch	nedule H Schedule N COH-UC COH-T	PAC-C PAC-E
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	7
	9 Destination city or name of destination location	
10 Means of transportati	ion 11 Purpose of travel (including name of conference, se	minar, or other event)
Name of Contributor / 0	Corporation or Labor Organization / Pleagor / Payee	
Contribution / Expendit	ure reported on:	
<u> </u>	nedule A Schedule B Schedule C Schedule  Schedule N COH-UC COH-T	D Schedule F Schedule G PAC-C PAC-E
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, semi	nar, or other event)
Name of Contributor / 0	Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expendit	ure reported on:	
Sch	edule A Schedule B Schedule C Schedule	D Schedule F Schedule G
Sch	edule H Schedule N COH-UC COH-T	PAC-C PAC-E
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, semi	nar, or other event)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED